

Idaho State Board of Pharmacy

3380 Americana Terrace #320 Telephone 208/334-2356

PO Box 83720 Boise, ID 83720-0067

Fax 208/334-3536

CONTROLLED SUBSTANCE REGISTRATION RENEWAL APPLICATION FOR PHARMACIST

RETURN BY NOVEMBER 30, 2004 TO ENSURE TIMELY PROCESSING

Renewal fee: \$60 add \$75 late fee if postmarked after 12/31/04 = \$135

- 1. Complete Parts 1 & 2 below
- 2. Sign and date renewal application
- 3. Complete address section if applicable
- 4. Return to Board of Pharmacy with fee (by November 30 for timely processing)

DADT 4. EMPLOYMEN	IT				
PART 1: EMPLOYMEN					
Primary Employer (busine	ess name).				
F	Position Hel	d (circle)	Staff Pharmacis	t Pharmacist-In-Charg	ge (PIC)
Location of employment (address/cit	y/state):			
Employing pharmacy's Id	aho registra	ation num	nber (if applicable):		
Do you have mo	re than on	e emplo	yer?Yes _	No (If yes, list inform	ation on reverse of this form)
PART 2: PERSONAL I	DATA - Si	nce the	<u>last renewal</u> of	my Idaho Controlled S	ubstance Registration:
physical conditions that 2. I have I have not licenses, registrations, of a licenses, registrations, regis	t would impa been to or the equiva had a bulation). been o ving controll	air my abilithe subject lent in this profession charged, a ed substan	ty to perform any of a tof a completed or p or any state. In all license suspende rrested, or convicted naces. S 2, 3, or 4 above	d, revoked, surrendered, or ot	orofession. egarding any of my professional therwise disciplined (including or plead guilty in conjunction with
,					
Signature				Date	
		NE\	W ADDRESS (IF DIF	FERENT FROM LABEL)	_
	STREET				
	CITY/ST/ZIP				
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Applications received with incomplete information and/or without the proper fee and documentation will be returned unprocessed. This could result in a late fee.